



# Notification of Change Form

## Member Services

4845 Ronson Court, San Diego, CA 92111

Phone: (858) 715-8040 ■ www.sdar.com

E-mail: membership@sdar.com

**Please complete all information requested.  
Return to Member Services at membership@sdar.com.**

Please check the appropriate boxes and complete all information requested below. A photocopy of your DRE license must accompany this form (except for notice of severance). If this form is faxed, there is no need to mail original. For additional information, call Member Services. Please allow 24 to 48 hours processing time.

### Change Form Applies To:

Agent MLS ID # \_\_\_\_\_  Assistant MLS ID# \_\_\_\_\_  Office Manager ID# \_\_\_\_\_

New Affiliation or Re-Affiliation

Inter-Office Transfer

Notice of Severance

DRE Form RE 214 has been submitted to the DRE

Name of Agent/Assistant/Office Manager: \_\_\_\_\_

Agent Contact # (MLS): \_\_\_\_\_ Preferred Fax: \_\_\_\_\_

Firm address for Agent/Assistant/Office Manager: \_\_\_\_\_

E-mail for Agent/Assistant/Office Manager: \_\_\_\_\_

Agent Signature (for Assistant change): \_\_\_\_\_

Broker Name: \_\_\_\_\_

(Please print)

Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Firm # : \_\_\_\_\_